

1 PLACE OF DEATH

County

Josephine

Township

or

Village

City

Grants Pass (No.

Oregon State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registered No.

3044

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Samuel Lockwood Close

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

Widowed

6 DATE OF BIRTH

September 21st, 1887

7 AGE

87 yrs 2 mos 8 ds

If less than 1 year, give month and day

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Sullivan Ohio

PARENTS

10 NAME OF FATHER

Benjamin Close

11 BIRTHPLACE OF FATHER (State or country)

New York

12 MAIDEN NAME OF MOTHER

Elisabeth Gail

13 BIRTHPLACE OF MOTHER (State or country)

New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Etta Close

(Address)

412 West 11th St. Grants Pass, Ore.

15

Filed

191

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov

(Month)

29

(Day)

1914

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Nov 26, 1914, to Nov 29, 1914,

that I last saw him alive on Nov 28, 1914,

and that death occurred, on the date stated above, at

2 A. M. The CAUSE OF DEATH* was as follows:

Old Age, Unimpaired

(Duration) yrs mos ds

Contributory

(Secondary)

(Duration) yrs mos ds

(Signed)

J. C. Smith M. D.

Nov 29, 1914 (Address) Grants Pass

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs mos ds State yrs mos ds

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Grants Pass

DATE OF BURIAL

Nov 29, 1914

20 UNDERTAKER

L. B. Hill

DATE ISSUED

Dec. 3 1914

STATE OF OREGON, COUNTY OF MULTNOMAH)SS

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REC

Main M.